

SERFF Tracking Number: NACR-125247696 State: Arkansas  
Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889  
Company Tracking Number: 2008NCISCH-AR2  
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only  
Product Name: Crop-Hail Insurance  
Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

## Filing at a Glance

Company: National Crop Insurance Services Incorporated

Product Name: Crop-Hail Insurance SERFF Tr Num: NACR-125247696 State: Arkansas  
TOI: 02.1 Crop SERFF Status: Closed State Tr Num: AR-PC-07-025889  
Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only Co Tr Num: 2008NCISCH-AR2 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: Therese Stom Disposition Date: 08/27/2007  
Date Submitted: 08/24/2007 Disposition Status: Filed  
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

## General Information

Project Name: Crop-Hail Insurance Form Filing  
Project Number: 2008NCISCH-AR2

Status of Filing in Domicile: Authorized  
Domicile Status Comments: 2007-NCIS 757  
Assignment of Indemnity has been approved in  
Kansas

Reference Organization:  
Reference Title:  
Filing Status Changed: 08/27/2007  
State Status Changed: 08/24/2007  
Corresponding Filing Tracking Number:  
Filing Description:  
Crop-Hail form revision

Reference Number:  
Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Therese Stom, Director, Actuarial Applications thereses@ag-risk.org

SERFF Tracking Number: NACR-125247696 State: Arkansas  
Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889  
Company Tracking Number: 2008NCISCH-AR2  
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured  
Only  
Product Name: Crop-Hail Insurance  
Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

**& Insurance Filings**

8900 Indian Creek Parkway, Ste 600 (913) 685-2767 [Phone]  
Overland Park, KS 66210 (913) 685-3080[FAX]

**Filing Company Information**

National Crop Insurance Services Incorporated CoCode: 99 State of Domicile: Kansas  
8900 Indian Creek Parkway, Suite 600 Group Code: 99 Company Type:  
Overland Park, KS 66210 Group Name: State ID Number:  
(913) 685-2767 ext. [Phone] FEIN Number: 48-1066701  
-----

SERFF Tracking Number: NACR-125247696 State: Arkansas  
Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889  
Company Tracking Number: 2008NCISCH-AR2  
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured  
Only  
Product Name: Crop-Hail Insurance  
Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form filing fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Crop Insurance Services Incorporated	\$50.00	08/24/2007	15277415

*SERFF Tracking Number:*      *NACR-125247696*      *State:*      *Arkansas*  
*Filing Company:*      *National Crop Insurance Services Incorporated*      *State Tracking Number:*      *AR-PC-07-025889*  
*Company Tracking Number:*      *2008NCISCH-AR2*  
*TOI:*      *02.1 Crop*      *Sub-TOI:*      *02.1001 Crop-Hail Non-Federally Reinsured*  
*Product Name:*      *Crop-Hail Insurance*  
*Project Name/Number:*      *Crop-Hail Insurance Form Filing/2008NCISCH-AR2*  
*Only*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Llyweyia Rawlins	08/27/2007	08/27/2007

<i>SERFF Tracking Number:</i>	<i>NACR-125247696</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Crop Insurance Services Incorporated</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025889</i>
<i>Company Tracking Number:</i>	<i>2008NCISCH-AR2</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1001 Crop-Hail Non-Federally Reinsured Only</i>
<i>Product Name:</i>	<i>Crop-Hail Insurance</i>		
<i>Project Name/Number:</i>	<i>Crop-Hail Insurance Form Filing/2008NCISCH-AR2</i>		

## Disposition

Disposition Date: 08/27/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 01/01/2008  
Status: Filed  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NACR-125247696 State: Arkansas  
 Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889  
 Company Tracking Number: 2008NCISCH-AR2  
 TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only  
 Product Name: Crop-Hail Insurance  
 Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Summary of form changes	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Form	Assignment of Indemnity	Filed	Yes

SERFF Tracking Number: NACR-125247696 State: Arkansas

Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889

Company Tracking Number: 2008NCISCH-AR2

TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only

Product Name: Crop-Hail Insurance

Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Filed	Assignment of Indemnity	NCIS 757	2007	Other	Replaced	Replaced Form #: 18.60 2006-NCIS 757 Previous Filing #: AR-PC-06-021740		AR2008 Exhibit B 2007-NCIS 757 Assignment of Indemnity.pdf

<div><div>Insured's Name</div><div>Insured's Authorized Representative</div><div>Street or Mailing Address</div><div><div>City</div><div>State</div><div>Zip Code</div></div></div>	<div>Approved Insurance Provider's Name &amp; Address:</div>	<div>Policy Number:</div> <div>Effective Crop Year:</div> <div>Crop Name and County Name:</div>
<div>The insured assigns to <div>(Name of Creditor)</div><div>of <div>(Mailing Address)</div><div>(City, State and Zip Code)</div></div><div>the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity(ies) shown above.</div></div>		
<div>CONDITIONS</div> <div><div>1. This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy.</div><div>2. Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the Insured.</div><div>3. This assignment will not grant the Creditor any greater rights than originally held by the Insured.</div><div>4. The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the Policy.</div><div>5. The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.</div><div>6. If the assignment is not cancelled according to item 7 below, the assignment will cease at the end of the effective crop year.</div><div>7. Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s).</div><div>It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.</div></div>		

---

<b>Creditor's Signature</b>	<b>Date</b>
-----------------------------	-------------

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

This assignment was filed with the Approved Insurance Provider on

\_\_\_\_\_ at \_\_\_\_\_ a.m.  
(Month, Day, Year) p.m.

© 2007 National Crop Insurance Services, Inc.



## **COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

## **NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

<i>SERFF Tracking Number:</i>	<i>NACR-125247696</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Crop Insurance Services Incorporated</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025889</i>
<i>Company Tracking Number:</i>	<i>2008NCISCH-AR2</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1001 Crop-Hail Non-Federally Reinsured Only</i>
<i>Product Name:</i>	<i>Crop-Hail Insurance</i>		
<i>Project Name/Number:</i>	<i>Crop-Hail Insurance Form Filing/2008NCISCH-AR2</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NACR-125247696 State: Arkansas  
Filing Company: National Crop Insurance Services Incorporated State Tracking Number: AR-PC-07-025889  
Company Tracking Number: 2008NCISCH-AR2  
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured  
Only  
Product Name: Crop-Hail Insurance  
Project Name/Number: Crop-Hail Insurance Form Filing/2008NCISCH-AR2

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:**  
Filed 08/27/2007  
**Comments:**  
**Attachment:**  
AR2008 transmittal form.pdf

**Satisfied -Name:** Summary of form changes  
**Review Status:**  
Filed 08/27/2007  
**Comments:**  
**Attachment:**  
AR2008 Exhibit A Summary of Changes.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:**  
Filed 08/27/2007  
**Comments:**  
**Attachment:**  
AR2008 cover letter.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
-----------	---	--

<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	---	--

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	

## **Summary of NCIS Crop-Hail Policy Form Changes for 2008 Crop Year**

### **Arkansas**

#### **REVISED FORM:**

**2007-NCIS 757 Assignment of Indemnity replaces: 2006-NCIS 757**

This form was revised to update the Privacy Act and Non-Discrimination statements on the back of the form to comply with current USDA Risk Management Agency's requirements for the Multiple Peril Crop Insurance (MPCI) program. Other changes made to comply with USDA Risk Management Agency's Document and Supplemental Standards Handbook include: changing "lender" to "creditor," changing "insured crop(s)" to "crop name and county name," and adding a statement that the assignment will cease at the end of the effective crop year listed on the form unless the creditor cancels the assignment. Since the NCIS 757 form is used for both the crop-hail and MPCI lines of insurance, the updated form is filed for crop-hail so that companies do not need to maintain separate issuances of the assignment for each program.



*A World Of Information*

---

---

National Crop Insurance Services

---

---

August 23, 2007

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: Crop-Hail Insurance Form Filing  
Filing Number: 2008NCISCH-AR2

Dear Commissioner:

On behalf of members of National Crop Insurance Services we herewith file for your information and/or approval forms for Crop-Hail Insurance to be effective with the 2008 crop year and to remain in effect until revised or withdrawn. We are requesting a January 1, 2008 effective date.

Exhibit A: Summary of Form Changes

Exhibit B: 2007-NCIS 757 Assignment of Indemnity

Please contact Therese Stom at 1-800-951-6247 or [thereses@ag-risk.org](mailto:thereses@ag-risk.org) for any questions.

Sincerely,



Thomas P. Zacharias  
Executive Vice President  
Actuarial & Statistical Information